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PTO/SB/97 (08-00)

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Application Number: 10/667,940

Filing Date: 9/22/2003

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LeAnn M. Sassman

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1. Fee Transmittal
2. Response to Office Action Dated July 25, 2005

Total Pages Transmitted: 29
571-273-8300
MS1-1671US
Confirmation No. 1637*Please notify us immediately (509-324-9256) if
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PTO/SB/17 (12-04)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

0

Complete if Known

Application Number 10/667,940
 Filing Date 9/22/2003
 First Named Inventor Kyle R. Johns et al.
 Examiner Name Hsu, Joni
 Art Unit 2671
 Attorney Docket No. MS1 - 1671US

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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 - 20 or HP = _____ x 50 = _____
 HP = highest number of total claims paid for, if greater than 20
Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 - 3 or HP = _____ x 200 = _____
 HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims
Fee (\$) **Fee Paid (\$)**

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
 - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature AT.S
 Name (Print/Type) Allan T. Sponseller

Registration No. 38318
(Attorney/Agent)

Telephone (509) 324-9256

Date 10/25/05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No.10/667,940
Filing Date September 22, 2003
Inventor..... Kyle R. Johns et al.
Group Art Unit2671
ExaminerHsu, Joni
Attorney's Docket No. MS1-1671US
Confirmation No..... 1637
Title: Facilitating Performance Analysis for Processing

RESPONSE TO OFFICE ACTION DATED JULY 25, 2005

To: Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

From: Allan T. Sponseller (Tel. 509-324-9256 x215; Fax 509-323-8979)
Customer No. 22801

Sir:

In response to the Office Action of July 25, 2005, in connection with the above-identified application, the following remarks are submitted. Favorable consideration is respectfully requested.

A detailed listing of the claims is provided below. A status identifier is provided for each claim in a parenthetical expression following each claim number.